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SERIAL NUMBER 10/825,355	FILING OR 371(c) DATE 04/14/2004 RULE	CLASS 435	GROUP ART UNIT 1648	ATTORNEY DOCKET NO. 7682-113-999
APPLICANTS Aurelia Haller, Redwood City, CA; Kathleen L. Coelingh, San Francisco, CA;				
** CONTINUING DATA ***** A) This application is a DIV of 09/531,375 03/21/2000 PAT 6,764,685				
** FOREIGN APPLICATIONS ***** A)				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/12/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input checked="" type="checkbox"/>		STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 14
Examiner's Signature <u>AJ</u> Initials _____		INDEPENDENT CLAIMS 2		
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TITLE RECOMBINANT PARAINFLUENZA VIRUS EXPRESSION SYSTEMS AND VACCINES				
FILING FEE RECEIVED 2768	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	